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## IN THE UNITED STATES DISTRICT COURT CLERK, FLORENCE, SC FOR THE DISTRICT OF SOUTH CAROLINAS NOV -8 AM 18: 24

CHRISTOPHER ODOM	) Civil Action No. 5:13 CU 2632
[Enter the full name of the plaintiff in this action]  PATIENT IN CROSS 4639 H9624707A  INNATE # 905 PLAINTIFF	) (to be assigned by Clerk)
PATIENT I DE CROOS 4639 H9624707A	) COMPLAINT
V.	) State Prisoner
STATE OF South CAROLINA	) )
civil Action/ CASE Number	AND AND
U.S.O.C. 5:13-W-2632	) AND
U.S.O.C. 5:13-W-2632 ALAKATILSON ATTY General OF South Cardina	OBJECTIONS OF
Albert Pierce ATTY OF South Comm D.M. H. ENDOWNTERPORTURES S.C. STATE TREASURY DEFENDANT 15	JUDGE KAYMANI D. WEST.
STATE TREASURY Defendants	1 UKUEP DATEN 10-15 121
I. PREVIOUS LAWSUITS	DEGUEST FOR Appointment
i. FREVIOUS LAWSUITS	Course For Plaintiff Social 4639 Security Glaim M737101, 6871011 (613) 4639 with the same facts involved in this social or m \$ 130,0263
A. Have you begun other lawsuits in state or federal court dealing	with the same facts involved in this action of
otherwise related to your imprisonment? Claim M7	3189 No
B. If your answer to A is Yes, describe the lawsuit in the space by	
additional lawsuits on another piece of paper using the same ou	
1. Parties to this previous lawsuit: Sec Social	socurity claim M73107
Plaintiff:	
Defendant(s):	
2. Court: See Social Security cla	2- ha M72101
(If federal court, name the district; if state	court, name the county)
3. Docket Number: See Social Secur	4 claim in 73101
	(
4. Name(s) of Judge(s) to whom case was assigned:	Social Secun ty Clair M73/01
5. Disposition: See Social Secure by cla (For example, was the case dismissed? A	
6. Approximate date of filing lawsuit: See Sociat	••
7. Approximate date of disposition: See Social	Secure to claim m73/01

5:13-cv-02632-RMG Date Filed 11/08/13 Entry Number 18 Page 2 of 4 FOR U-SDC 5:13cU2632 TAge M/XIII PLACE OF PRESENT CONFINEMENT A. Name of Prison/Jail/Institution: See Social Security claim m73/0/ S.C. D. M. N. patient #463944631470 7 A

B. What are the issues that you are attempting to litigate in the above-captioned case? See Social Security claim m73101 5.C.D.M. # patient # 4639 49624707A C. (1) Is there a prisoner grievance procedure in this institution? Yes See Social Security and mitted! (2) Did you file a grievance concerning the claims you are raising in this matter?

See Social Secure by Claim M73101 Yes When Grievance Number (if available)

5. C. D. M.H. Patien 1 # CRC 10 4639H 9624707A

D. Have you received a final agency/departmental/institutional answer or determination concerning this matter (i.e., your grievance)? See Social Security claim m73101

E. When was the final agency/departmental/institutional answer or determination received by you?

See Social Security claim m73101 See Social Secrety claim If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance F. If there is no prison grievance procedures in this institution,

did you complain to prison is it. did you complain to prison, jail, or institutional authorities? Yes See Societ Security claim m73101 G. If your answer is YES: See Social security claying 173/9 trace: 4639491047071

1. What steps did you take? See Social security clayin m73101

2. What was the result? See Social security clayin m73101

See S.C.D.M. H. patient #463949624707A III. PARTIES In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, CHRISTOPHER DOOM SEE SOCIAL SECURITY CLAIM A. Name of Plaintiff: 4.0. BOX 12004 CHARLESTON, S.C. 29422 5. C.D. M.4 patient #463949624707A S. S. Alarm M73101 In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any. Position: Covernor S.C. B. Name of Defendant: CANOL, NA Place of Employment: Responsible Authorities et 16. C. Additional Defendants (provide the same information for each defendant as listed in Item B ahove):

Additional Defendants (provide the same information for each defendant as listed in Item B above):

ALAN WILSON ATTORNEY GENERAL OF South

CAROLINA

Responsible Authorities et. Al.

Date Filed 11/08/13 Entry Number 18 Page 3 of 4 5:13-cv-02632-RMG FOR U.S.D.C. 5:13-CU-2632 G. XVII \* STATEMENT OF CLAIM - continued see Defendan 1 Albert Pierce CASE 3: 11-W-2713 ATTNI See News PAPER(4) CLIPPINGE ENCLOSED IN \* PLAINTIFF Will show the recena c Court erenomts to include but not limited TKKI HALLY desmian Antior IN Retraspect to AftoRDADE ARE REFORM (AFFORDAble Health CARE AC BAMACARE) FOR INJURIES PLANATION SUSTAIN STATE OF South CAROLINA City of CHANGSON TAX PAYERS, by of North CHANOSIM TAXPAGERS CHANGSTON COUNTS THE Douth imployees epanament of Mental Health Axpayes elected Official October 12, 2013 AND continuine \* Plaintier will show Shears AI Aint, Ge Access to Family Count include however not lim ted too discriminates CRUEL And Unuspul purish of \$15,000 dollars spent to transpen Denver Plaintiff Access to FAMILY Count approximately 16 months, see ENcloseD CANNON Defends In per clipping tabin Vernica case" in oppose of EVERY citizen of our STATE deserving the SAME RED-CARPER tREATMENT. PLAINTING WILL Also show that ON 2-1-12 PLAINT IF REPORTED TNJURIES AT ROPER HOS PITH C WHOM REFER ME S.C.D M.H. (See Though RAY ON 2-2-12) WHOM REFER ME S.C.D M.H. (See Though RAY ON 2-2-12) WHOM Revised October 3, 2007 PLAINTIFF DROSE ON DENDING CITY OF CHARLESTON COURTS STATE OF SOUTH CAROLINA COURTS U.S.D. ( Counts U.S.C.A. Counts SECURITY ADMINISTRATION HEARINGS DUE TO PLACEMENT, SOUTH CAROLINA DEPARTMENT OF MENTILL HEAPTHON 4/5/11 THRY 4/21/11 And 9/28/11, They 11/28/11.

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## **17.** STATEMENT OF CLAIM

State here, as briefly as possible, the <u>facts</u> of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheat if necessary

OCHARLESTON COUNTY PLEASURER (2) CITY OF CHARLESTON BEFORE AND STATE OF SOUTH CARRIED HEASURER (3) CITY OF NORTH CARRIED HEASURER (3) CITY OF SOUTH CARRIED HEASURER (3) CITY OF SOUTH CARRIED HEASURER (3) CITY OF SOUTH CARRIED HEADURER POLICY NO I DERY PRINTING OF BIDDING OF CITY OF BIDDING OF SOUTH CARROWS THE BEFORE POLICY NO I DEPLIE OF PLAINTIFF FOR PRINTING OF PLAINTIFF SCORE OF SOUTH CARROWS COUNTY OF CHARLESTON REFLICE TO GIVE PLAINTIFF S.C.O.M. OF PATIENT CROWNERS OF HEADURER TO SOUTH CARROWS TO SECURITY THE STATE OF SOUTH CARROWS PLAINTIFF DOVERTY IS A DIRECT RESULT OF THE STATE OF SOUTH CARROWS PLAINTIFF DOVERTY IS A DIRECT RESULT OF THE STATE OF SOUTH CARROWS PLAINTIFF TO SOUTH CARROWS DEPARTMENT OF MENTAL HEADTH AGENCY PLAINTIFF WILL AND AN CONSENTS SEE HABEAS CORPUS CLAIM U.S.D.C. CASE US: 11-CV-2132 ATTACHMENTS PAGE OF XV AND PRISE XVI OF CASE 5: 13-CV-2632

Relief: Plaintiff Request Reparation in the Amount of Original Complaints Ochnerson county treasures of ity of character Treasures Octy of North Character Lecasures to include however Not limited too U.S.D.C. claim Dated 10-29-10 given to family court Judge Paul Green het on 10-29-10. There petitioner Holds Houston V. LACK 1874.5.266(1989) Plaintiff seeks many prayerief From Defendants Insurance Policy Holder CHAMPUS AND SOUTH CARPOTTAL TREASURY. Spentition dollars, Plaintiff Relieve of Melanchily Declare that the foregoing is true And Correct.

SigNATURE OF PLAINTIFF / SXIAL SECURITY CLAIM 1973101

Complaint - State Prisoner Revised October 3, 2007